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ORIGINAL ARTICLES.

SOME AVOIDABLE ACCIDENTS OF INTUBATION.*

GEORGE F. COTT, M. D.,† BUFFALO, NEW YORK.

This subject, covered in the different journals so many times in the past, occasionally offers something new or, at least, something to which not sufficient attention has been paid. In an experience of forty cases I have had some uncommon accidents happen, and have thereby gained experience which is to me invaluable. I have had the patient stop breathing and have revived him by artificial respiration; have been obliged to do tracheotomy within half an hour after the tube was removed and the little patient died on the table; have had the tube obstructed within a half hour after its introduction, necessitating its extraction; have had the tube coughed up and death follow before aid could be rendered; have had three different tubes coughed up immediately after introduction, so that I was forced to perform tracheotomy; I have lost tubes during an effort at extraction, and lost the patients too. This latter accident I wish to dwell upon more especially, because we have means to avoid it and to save life whenever emergency demands extraction. The mishaps above cited

are quite common and are looked for by every operator, but the last mentioned is rare occurring in but one-half per cent. of all cases. In my own experience, however, it has occurred twice in forty cases, therefore I will bring to your notice the conditions under which it occurs, and the remedy. Last winter I was consulted by Dr. Pohl in a case of diphtheria in a child thirteen months old. The little patient was very sick for several weeks, and several times apparently at the point of death. As a one-year tube seemed the proper one, it was placed and the thread removed. This was done on a Monday night. No more attention was paid to the case, since it seemed the child would certainly succumb in a very short time, respirations being 75, pulse 180 to 200. The following Saturday, five days later, I was requested to remove the tube, as the child had sufficiently improved. Upon attempting to remove the tube the extractor slipped—an accident which occasionally happens, when the tube is usually found in the mouth and drops on the floor, or is but partially dislodged. Upon introducing the left index finger, however, the head of the tube could not be felt. It occurred to us at

†Clinical Instructor in Diseases of the Nose and Throat, University of Buffalo.

*Read in abstract at the seventy-fifth annual meeting of the Medical Society of the County of Erie, at Buffalo.

once that the tube had either been swallowed or had dropped into the trachea, in which latter case it might possibly be recovered with the extractor, but after half-a-dozen attempts this procedure was abandoned and the child's chest was examined. Nothing abnormal could be detected physically; no reflex symptoms were present, nor any sign which would indicate the presence of the tube in the trachea.

Nevertheless, tracheotomy was proposed for exploratory purposes and the child prepared for operation, but, after considering the case in all its phases, it was finally decided to wait until the next day. Three times the child was on the table for tracheotomy, but each time operation was deferred, since the babe was doing so well, manifesting no symptoms whatever, making an apparently good recovery, and the patient was finally discharged.

Four weeks after I was asked to examine the child *post-mortem*. The little patient had done very well during the entire four weeks, and had partially recovered its voice, when it suddenly sickened and died within twenty-four hours. As the case was of so much interest Dr. Pohl requested an autopsy, but was allowed only to examine the trachea, which was isolated and cut off at the bifurcation. Nothing was found, and we were congratulating ourselves upon the fortunate result. It was thought best, however, to probe for the tube and make assurance doubly sure. But, alas! all our glorious hopes were soon baffled. Some hard, metallic substance was felt, forceps were applied, and the tube drawn forth. Its exact position could not be ascertained. That it had ulcerated through the left branches there was no doubt. How the child could have lived four weeks without giving any symptoms of such a foreign body in the trachea is a mystery, but teaches a valuable lesson. The day following the above accident a similar one happened in a child eleven months old, referred by Dr. Koehler. In that case we were not allowed to proceed further, and the child, which was recovering from diphtheria, suddenly died the next day. No autopsy was permitted.

The above experience cannot make us more cautious in extraction, but would force upon our attention the following

rule: After attempting to extract a tube and failing, and when it cannot be felt with the finger, it may safely be inferred that the tube has dropped into the trachea, and tracheotomy should at once be performed, unless the tube can be reached with the extractor, as it might be held in the narrow space immediately below the cords. But why not prevent such accidents if it can be done? Happily we have the means at hand. By the simple but yet ingenious invention of Dr. Lewentohl, of New York, a tube can be extracted in the twinkling of an eye. No pressure is produced which could force the tube through the glottis. Extraction is so simplified that every practitioner ought to own this little instrument, as he can then remove a tube without much practice, and need never lose valuable time in calling upon a surgeon.

The Dillon-Brown modification may also be used, but having had no experience with his instrument, I cannot recommend it. The Lewentohl extractor is manufactured by Tieman & Co., of New York.

In conclusion, permit me to add a few "Don'ts."

Don't remove the thread until the child has coughed repeatedly, otherwise you will be taken unawares and the patient may die before aid can be rendered.

Don't remove the thread at all unless you are expert enough with O'Dwyer extractor, provided you have not a Lewentohl instrument.

Don't think your patient must necessarily succumb because the respirations reach 75 per minute. I have seen them recover, although in a paper which I read before the Surgical Society several years ago the statement was made that every child whose respirations reached 35 per minute would die; further experience changes set opinions.

Don't assure the parents that their child will recover; when the pulse becomes compressible, it will surely die.

Don't mind the frequency of respirations, it is due to toxins and not laryngeal obstruction.

Don't intubate unless breathing is harsh or loud, regardless of frequency.

Don't leave the patient out of sight too long, as tenuous mucous or membrane often encroaches upon the caliber of the tube.

AN UNUSUAL COMPLICATION OF LABOR.

WALTER H. PARCELS, M.D., LEWISTOWN, PA.

In text-books and in obstetrical lectures we learn very little about what is known as the "pendulous belly," and the possibility of its being a factor in complicating labor. During an active practice of more than a score of years, I have met very few cases of this kind that caused me any appreciable embarrassment, but a few weeks ago I met one such that proved a veritable lion in the way.

I was called November 10th, to attend Mrs. M. A description of her physical characteristics is necessary to a proper understanding of the case. When the poet wrote of "the human form divine," he may have referred to Cleopatra, Juno or Mother Eve, but he had certainly never seen my patient. In form, I may say she was short and "squatty," an expression more forcible than technical. Her height was but little more than four feet, and her weight was considerable over 200 pounds. The chief feature though, was the peculiar shape of the spinal column. The lumbar portion curved forward so greatly that the sacral prominence was nearly or quite directly above the pubes when she was standing, and the brim of the pelvis was practically perpendicular. I need hardly say that this peculiar anatomical formation makes pendulous belly unavoidable. Owing to varicose veins, her legs were enlarged more than in any case I had ever seen.

When she walked she spread the legs apart and the belly hung down between them. I dare say that, if she were in the nude condition and standing, the posterior view would suggest a man with an immensely distended scrotum. When she sat it was impossible to assume the upright position until the legs had been separated and the belly allowed to drop between them, where it rested on the chair. This abnormal pressure on the abdomen had caused great tenderness over a circumscribed area, which during the last few weeks she had

attempted to relieve by placing a cushion in her chair.

When I saw her early in the evening, she was having strong and seemingly expulsive pains. She had been in labor about three hours, and the nurse remarked: "By the way she pulls while holding my hands I think the labor will be completed very shortly." I made a vaginal examination and found—nothing. The osuteri probably was somewhere between the vulva and posterior nares, but certainly it was beyond my reach. I made an effort to reverse the position of the gravid uterus, but failed. Suggesting professional help, Dr. Sweigart of this place, a young but exceedingly skillful physician, came. The blank look on his face when he attempted a vaginal examination, is worthy of note; so were the labor pains which were now coming fast and furious. The fundus of the uterus being lower than the neck, each pain attempted to reverse a law of nature. Instead of a child coming into the world *per vias naturales*, this little candidate for life and all its woes seemed ambitious enough to outdo Cæsar, even, and find an entrance upon the world's broad stage somewhere in the vicinity of the maternal fauces.

While Dr. Sweigart applied much force in bringing the uterus to its natural position by lifting the belly upward, I was finally successful in finding the osuteri, and also in finding that our troubles had only just begun, for there was no dilatation at all. To relieve ourselves from constantly holding up the uterus, we adjusted a strong towel, which had the effect of improving matters somewhat.

It was a long and tedious night, but the time finally came when I could get a finger within the os, and at the time of a pain make an attempt to forcibly dilate it. By degrees our patient sank until it was a serious question whether she could survive the time necessary for

the os to dilate sufficiently for me to turn and deliver. At last I estimated a dilation of two inches in diameter, found what I thought to be a foot, and drew it through the os. Our patient had a weak heart (probably fatty degeneration) and we feared to give her ether. At this point she sank into semi-consciousness, and was pulseless at the wrists, with cold extremities. We gave strychnia hypodermically and also whiskey ad libitum. In a short time she rallied. While Dr. Sweigart held the uterus as near the normal position as possible, I pulled the foot with much force, caring little about the result to the child.

Finally I brought all to the world; the child is living and is thriving yet. The placenta was removed with difficulty, but the dawn of day saw two lives where we expected none. The mother progressed nicely until the eighth day (a late period surely), when she was attacked with a post-partum hemorrhage, which nearly proved fatal. After this, convalescence was slow, owing to her exsanguinated condition.

She had given birth to six or seven children before this one, but her physician assured me that at no time previous to the last, had anteversion of the uterus been so complete.

ANTITOXIN IN THE TREATMENT OF DIPHTHERIA.*

ALBERT ANDERSON, M. D., WILSON, N. C.

In 1883, Klebs, in his investigations as to the cause of diphtheria, found a bacillus in false membrane from a diphtheritic throat. Loeffler, in the following year, isolated the bacillus, discovered its culture medium, reproduced the disease in animals with all the symptoms except paralysis. Four years later Roux and Yerson, of Paris, produced this symptom, and thus gave to the world all the necessary proofs of a specific pathogenic microbe, namely:

- (1) Its constant presence in all cases of the disease.
- (2) It is never found in the body except during the course of the disease or incubation period.
- (3) Reproduction of the disease when properly introduced into an animal susceptible to that particular disease.

Scarcely had these proofs been given to the world before the principles of a specific remedy were conceived in the minds of a few distinguished bacteriologists in different parts of the world.

The pioneer of this great work was our countryman, Dr. George F. Muttall, of Johns Hopkins University, the first to discover the bacteriocidal properties of the blood. Among his co-laborers, faithfully as well as scientifically work-

ing upon the basis of this discovery, may be named the Frenchman Roux and the German Behring as occupying the next places of honor in the galaxy of original investigators. The result of their labors and of others is antitoxin—the serum from the blood of an animal “rendered refractory to the disease of diphtheria.” It is a pale, amber-colored liquid. What I know of the process of making this serum is from observation and study of Dr. J. J. Kinyoun’s work on this line during my stay in his laboratory last January and February. Through the kindness of the State Board of Health I spent about six weeks pleasantly and profitably under the instruction of Dr. Kinyoun and his able assistant, Dr. Rosenau, mainly in the study of bacteriology.

At Washington the horse is used to obtain the serum. He is first examined as to his health. Mallein and tuberculin are injected at different times to diagnose respectively glanders and tuberculosis. If there is no reaction and the horse is apparently healthy other ways, he is selected.

To immunize an animal it is not necessary to inject the bacilli of diphtheria, but their toxins answer the purpose better. Dr. Kinyoun’s method in preparing

* Read before the North Carolina Medical Society, 1895.

toxin is as follows: A virulent culture of the bacillus diphtheria, capable of killing a 500 gram guinea pig in twenty-four or thirty-six hours, is put into a flask containing alkaline peptone bouillon. This flask remaining in the thermostat twenty-four hours at 36° C., grows sufficiently rich in bacilli to be termed a stock culture. Forty c.c. of this inoculates a certain quantity of sterilized alkaline peptone bouillon, which is put into a flask, having a straight neck and a small opening at the side connected with a tubulature. Several of these are inoculated at one time. Placing them in the thermostat at 37° C. for twenty-four hours to start them, when each flask is connected with an aspirator for the purpose of passing a moist current of air slowly through the bacilli from mouth to tubulature. After about three weeks' growth these cultures are filtered through a Chamberland filter tube into sterilized flasks and kept for use: If $\frac{1}{16}$ c.c. of this toxin will kill a guinea pig of 500 gram weight in twenty-four hours it is considered of standard strength and toxins are graded according to this standard. This is now injected into the horse selected subcutaneously, starting with 0.5 c.c. and gradually increasing the dose as tolerance is established, till 300 c.c. or more may be injected at one time—this producing no general reaction, but only a local oedema, which disappears in a short time. This condition indicates immunization. It has been found necessary to give large and frequent doses of toxin late in the treatment to produce a good quality of anti-toxin. To test the strength of the serum, only a small quantity is first drawn. A protective strength of 1 to 50,000 is good serum. For drawing a large quantity of blood, the necessary apparatus consists of a trocar and canula, a rubber tube twenty inches long, one end attached to canula and the other to a glass tube about ten inches long; this outfit is sterilized and kept in a 5 p. c. solution of carbolic acid. Wide-mouthed bottles, holding about two quarts, are used for receiving the blood. In preparing the bottles, a piece of paper is tied over each mouth and another piece in the shape of a hood is placed over this and then sterilized.

Preparation of the Horse.—A nip is

thrown over the lip of the horse and a cloth over his eyes for a blind-fold. Hair over the place selected to enter the jugular vein is clipped and shaven and the skin scrubbed well with a 5 p. c. solution of carbolic acid. Incising the skin down to the vessel, the trocar is thrust into the vein with a steady hand. The assistant, removing the hood of paper, plunges the glass tube into the bottle through the paper and the operator or another assistant compresses the veins below and the blood begins to flow. After drawing about a quart into each bottle, the assistant withdraws the glass tube and immediately replaces the hood of paper. From three to six quarts are drawn at one time. The blood is allowed to coagulate and then removed to an ice-chest in the laboratory to stay twenty-four hours, in which time the serum separates sufficiently from clot. The serum is then drawn off with sterilized pipettes into a receptacle, after which it is passed through a Chamberland filter, one-half p. c. trichresol solution is added for preservation, and in this condition bottled for use.

A syringe named after Roux is used for injection. It holds about 20 c.c. It is composed of a barrel consisting of metal and glass, which are separated by two India rubber washers, an India rubber piston, a rubber tube with adjustments and a needle little larger than an ordinary hypodermic. The adjustable rubber tube serves an evident purpose in case the child moves. This syringe is sterilized in boiling water for five minutes before using. When ready to administer the serum, thoroughly cleanse the site of insertion and charge your syringe with just the amount to be used. Gather a fold of this skin in the flank with the left hand, insert the needle with the thumb and index-finger of the right hand at the base of the fold, allowing the barrel of the syringe to rest between three fingers and the palm of the right hand. Now, taking the syringe into the left hand, the right is used in gently pressing the piston with a gentle rotary motion. Place absorbent cotton over the puncture and the serum that flows back through the orifice, meeting with the cotton, forms a good serum plug. No massage is necessary after the injection.

The age of the patient, duration of the disease and severity of the case must determine the dose. As a prophylactic it has a better record than as a remedy. There has been no failure to protect when genuine serum has been given in time and in sufficient quantity. - Wherever children are necessarily segregated, as in the family, schools, asylums and other such places, an injection of 5 c.c. for children under ten years, and over that age 10 c.c. This is thought sufficient to protect for about two months.

In a suspected case of diphtheria administer a full dose of antitoxin. Make a culture at once, and in twenty-four hours you can tell whether you have the bacillus diphtheria. If not found, discontinue your serum. If found, the symptoms on the following day will indicate the size of the dose. Some give half dose if symptoms are mild, and others give none. If there is no improvement, give full dose during the day, preferably in two divisions, 10 c.c. in the morning and 10 c.c. in the afternoon. If there be found a mixed infection, streptococci with the bacilli, and the pulse, respiration and temperature indicate an alarming condition, you have to give full doses on two or three consecutive days. An ideal remedy would in such cases be an antistreptococci with the antitoxin. The presence of streptococci or other cocci does not interfere with the action of the serum, but the serum does not act on them, or remove the septic influences of the pyogenic microbes. If these poison and degenerate the cells beyond the reach of stimulation from antitoxin, your patient will die of septicæmia and not of diphtheritic toxæmia.

From eighty-nine to ninety-four tracheotomies gave 85 p. c. mortality, while the serum treatment has not only reduced this frightful mortality half, but greatly reduced the number of cases requiring the operation. Given in time, paralysis, pneumonia, albuminuria are rare complications.

Dr. Kinyoun saw eighty-two cases treated with serum in Paris, of which three died, making about 4 p. c. mortality. Thirty cases in Berlin during two weeks' stay, and he observed equally as remarkable results. The serum was

exhausted and there was none for six weeks in August and September. During this time the disease increased the mortality. Out of thirty-seven tracheotomies all died but five. The following six weeks, with the use of antitoxin, there were only eight tracheotomies and of these four died.

D. L. Emmett Holt has had twenty cases treated with antitoxin up to the middle of April, and all recovered except a baby suffering from marasmus.

My friend Dr. W. T. Pate and myself saw five guinea pigs inoculated with from $\frac{1}{16}$ to 1 c.c. of toxin, giving to three at the same time $\frac{1}{16}$ c.c. of antitoxin, leaving the two receiving the least quantity of toxin as contral. The contral pigs, in twenty-four hours, were nigh unto death; the other three did not even get sick. Two rabbits were inoculated with pure culture on trachea and left for twenty-four hours, when the sickest was given 1 c.c. of antitoxin and the other left as contral and soon death contraled him, and the other, by the aid of antitoxin, was enabled to gain the victory over death, diphtheria and degeneration.

We did not see it sufficiently tried on patients to express an opinion, but doubting as we were, to us *venit vidit vixit* our doubts. The following is what I have read from a personal letter: "Were I to have diphtheria I would have the serum administered, because I believe it the best agent we now have, remembering it is not a cure-all." Two hospitals in Paris—one not using the serum had 60 p. c. mortality—the other using it in the same epidemic and at the same time had 24.5 mortality, showing a difference of 35 p. c. in favor of antitoxin. Many months ago unbiased observers admitted and still admit, that the mortality rate has been divided by two since the use of antitoxin.

These are my deductions:

1. It acts as a specific against diphtheritic toxæmia.
2. The earlier administered the better to limit the disease and prevent complications.
3. It does not restore any degeneration produced by the previous work of toxæmia and septicæmia.

COMMUNICATIONS.

INSOMNIA: VARIOUS KINDS OF SLEEPLESSNESS.*

J. LEONARD CORNING, M. D., NEW YORK.

For the purpose of convenience, insomnia may be divided into a primary and secondary variety. Primary insomnia is that form of sleeplessness the predisposing cause of which cannot be traced to sources extraneous to the brain itself. Secondary insomnia, on the other hand, is that form of the affection which is caused by disorders originating, as a rule, outside of the cranial cavity. This is the kind of wakefulness often encountered in the course of acute and chronic diseases or affections characterized by severe pain or cutaneous irritation.

As a matter of course, such a classification as this can hardly lay claim to absolute accuracy, since cases occasionally occur which may with equal justice be placed either in the first or second group. For general clinical purposes, however, it is the best I am able to give.

Let us first consider the primary variety of sleeplessness, which is that form of the affection most frequently encountered among brain-workers. A person who has suffered from this form of wakefulness for some time usually complains of great physical lassitude and mental inertia during the day, coupled with a high degree of irritability, especially pronounced during the early morning hours. The eyes are devoid of their normal lustre; the skin has a yellowish tinge; the excretory functions are sluggishly performed; and every look and movement betrays a total lack of nervous resiliency. So great, indeed, is the lassitude in severe cases that the subject reclines during the greater part of the day or wanders aimlessly about, unable to summon energy sufficient to perform even the most trivial task. Uncontrollable yawning is likewise present in almost every case. Allusion has already been made to the abnormal nervous irri-

tability which is such a conspicuous feature of all forms of sleeplessness. To one who suffers in this way the small ills of life assume commanding proportions, so that even the most trivial occurrences are distorted and magnified to an inordinate degree. When expostulated with on account of his listlessness, the subject becomes morose and sullen, refusing in a manner more emphatic than courteous to listen to the well-meant advice of relatives and friends. This is a pretty accurate description of the mental and physical condition of the subject during the day—a condition which he strives to ameliorate by the use of strong coffee, alcoholics, and narcotics. In this attempt he is only partially successful, for there is no known drug that is able to replace those reparative processes in the brain cells, to the accomplishment of which sleep is the one indispensable prerequisite.

But if the condition of the patient be watched during the day, it becomes absolutely deplorable at night; for, as a rule, on retiring he is quite unable to sleep. He tosses from side to side, removes the bedclothes, and changes his position continually in the vain endeavor to become unconscious. When, as often happens, sleep at last supervenes, it is no longer physiological in character, being perverted by dreams and unconscious cerebration to such a degree that it affords little or no refreshment. As a direct result of this, daylight finds the individual completely prostrated and quite unable to resume his accustomed activities with the requisite amount of energy.

Confronted with the exigencies of his vocation on the one hand, and his own mental decrepitude on the other, the subject, as previously stated, invokes without a moment's hesitation the aid of stimulants and drugs of all kinds.

* Christian Advocate.

Some of the most inveterate drunkards whom I have ever encountered began their excesses as the direct result of an attack of obstinate insomnia.

When the temperament of the patient is abnormally emotional, the insomnia is of a far graver character than where the reasoning faculties predominate. The cares of the day, instead of being abandoned at bedtime, take entire possession of the mind and effectually exclude sleep. To further complicate matters, we have to deal with the unfortunate circumstance that the occupations and amusements usually preferred by this class of persons are such as make a powerful appeal to the emotions, so that the mind is kept in a perpetual state of erethism. On the other hand, those in whom the ratiocinative faculties assume greater prominence than the affective ones are more amenable to treatment and suffer less permanent detriment from an attack of insomnia.

A vivid imagination is also prone to aggravate an attack of insomnia. The fancy, instead of becoming gradually subdued until the supervention of unconsciousness, increases in activity; so that myriads of grotesque, semi-incoherent thoughts crowd upon the mind in endless procession and baffle every attempt at unconscious repose. Persons of this class usually find difficulty in falling asleep, but when once unconscious remain so until morning. There is, however, another kind of insomnia characterized by little or no difficulty in falling asleep, but in which the subject awakes with great regularity at a certain hour—usually at three or four o'clock in the morning, but sometimes even earlier—and continues in that condition in spite of the most desperate attempts to become unconscious.

In the succeeding paper of this series I shall devote special attention to the management of this exceedingly distressing form of sleeplessness. Allusion has already been made to secondary insomnia, or that type of sleeplessness which occurs as the result of some acute or chronic affection. As this kind of sleeplessness differs but little from the primary variety, except in so far as it is complicated by the phenomena of the disease with which it may chance to be associated, a separate description is

hardly necessary. I may add, however, that secondary insomnia is especially apt to occur in the course of fevers, including malaria and the "grippe," acute and chronic pulmonary diseases, neuralgia, and stomachic affections.

In the course of the previous discussion we have more than once had occasion to refer to dreams as one of the complications of insomnia. Let us consider for a moment these strange spectacles which pass through the realms of subconsciousness without visible incentive.

These phantom ships of the mind, these dreams, are beyond question determined, or largely determined, in their composition by the previous mental experience of the subject, as represented by the sum total of the impressions of which he has been the recipient. When, by reason of an event occurring during the period of wakefulness, or through the agency of a species of auto-suggestion during sleep, some of these past impressions are revived, and flit, so to speak, through the mazes of subconsciousness, we have a dream.

Again, the five senses may constitute the reviving agency, if I may so express it, in the evolution of dreams; for though there be unconsciousness, this is no hindrance to the transmission of impressions to the higher centres in the brain, where they (the impressions) give rise to that auto-suggestion which culminates in dreams.

Malposition of the body, indigestion, and interference with the circulation, may give rise to nightmare. But these are not the only causes, for I have known of many cases of nightmare in which no such factors as malposition of the body in bed, or indigestion could be ascertained. Indeed, the only assignable cause of the disorder was a condition of cerebral irritation or exhaustion. As a result of such observations as this I have become convinced that precisely as palpitations and difficulty in respiration are producible by excessive emotions during waking, so the same derangements may be caused during sleep as a result of the severe emotional disturbances often present during dreams. It is hardly necessary to add that when the subject of dreams is of a neurotic, impressionable temperament, or a sufferer

from cerebral exhaustion or irritability, the influence of vehement psychical disturbances, whether occurring during waking or as accidents of sleep, is exceptionally detrimental.

But dreams are by no means merely the vehicles for the terrible or hateful; but, on the contrary, as everyone is aware from personal experience, they present quite as often bright as sombre pictures. So true is this that it has been well said that only in dreams do the majority of human beings ever succeed in realizing their most fondly cherished ideals. Many a talent, many a genius even, condemned by the relentless circumstances of environment from adequate expression, has found in dreams a temporary emancipation from

the thralldom of reality. Riches, power, perfect health, achievement, are all possible in the shadowy land of dreams; and thus only are the majority of mankind to know them.

Let me again repeat, however, that dreaming, whether of the optimistic or pessimistic type, is not to be encouraged, for its very existence presupposes a certain output of nervous energy, which to that extent curtails the physiological perfection of sleep.

In the succeeding paper the various natural means to be adopted for maintaining the function of sleep in a healthy condition will be considered. The management of insomnia without the aid of narcotics will also receive exhaustive attention.

THE CAUSE OF MALIGNANT MALARIAL FEVER.*

J. B. COWAN, M.D., TULLAHOMA, TENN.

It has long been the generally accepted opinion of the profession that malarial fevers found their cause in the conditions of the atmosphere about them, and that the poison was received by inhalation or absorption by the surface of the body. That this may be partly true we shall not attempt to discuss in this paper.

We shall, however, assert as true, that the malignant types of malarial fever and in fact almost all forms of malarial fever are indebted to the water we drink, and not to atmospheric conditions for the etiological factor in the transmission or reception of the pathogenic material which produces malarial fever. It is not necessary here to enter upon a lengthy or detailed description of a true malarial habitat, or to discuss how malaria is produced. It is sufficient to say that water in saturation with solar heat are the two factors necessary to its production. Sand, clay, earth, wood, and decaying vegetable organic matter may all become malarial producers when saturated with water subjected to sufficient solar heat. In

contra-distinction allow me to say that water in globule never produces malaria, but becomes an absorber and retainer of this pathogenic material, and may become loaded with this poison almost to saturation. Trees, wells, springs, creeks and branches may become so loaded with this poison that a single glass of water may contain pathogenic material sufficient to produce a case of intermittent fever. Without entering further into the manner of its formation or the power of water in globule to absorb or retain this pathogenic factor disease producer we will endeavor to give proof that the water we drink is the great factor and principal source of malarial fever in all its forms, but especially in the malignant types. In a series of observations made years ago we were led to this conclusion.

In 1855 I was practicing medicine in North Alabama, at a small village that had at one time been considered the sickliest place in North Alabama, but for some years before my going there had become one of the healthiest. Learning these facts I became inquisitive to know the reason or cause of the change. Near

* *Nashville Jour. Med. and Surg.*, Jan., 1896.

this village is a magnificent spring, a very large, bold spring, affording sufficient water to run a grist-mill only a few hundred yards below the spring. For fifty years or more the citizens used water from this spring, and no one supposed that this clear, limpid cold water carried disease and death in the form of malaria, producing in the citizens the most malignant type of fever.

When I made inquiry into the matter I learned that the citizens had, just prior to the change, supplied themselves with wells and cisterns, not to improve their health, but for convenience, and immediately following the change of water the place became healthy and the annual sickness disappeared. When I heard this history I became more interested to solve the problem. I learned that two miles due west from the spring there was a cave spring, and that small articles dropped into that cave spring would come out at the big spring at the village. When I had time I went to this cave spring determined to make an investigation and see if I could find a solution of the case. This cave spring as stated was two miles due west from the big spring. Mr. J. lived near by and used water from this cave spring; three-fourths of a mile due east of Mr. J. lived Mr. W.; he also had a cave spring from which he used water. Now directly between Mr. J. and Mr. W. was a marsh, a pond in the winter and spring, but dried up in the summer and fall. I examined this marsh. The surface was dry and cracked by the solar heat; a few inches below the surface was mud, this forming a true malarial marsh or habitat six hundred yards in length by four hundred yards in width. Mr. J. used the water before it reached the marsh, Mr. W. after it passed the marsh. Now here is a singular fact! Mr. J. never had malarial fever in his family. Mr. W. never escaped a single year, and at the time I made this examination almost every member of his large family were having chills. I went to Mr. J.'s spring and dropped into it some shavings of wood and then went to Mr. W.'s spring, and had not to wait long until here was the evidence that the springs were supplied by the same stream. Now mind the marsh lay directly between the two. I put in

more material and went to the big spring at the village pouring out from under a great bluff, a lovely place, and after a while here came the proof that the stream was the same. The problem was solved, the present healthful condition of the village was because they had changed their drinking water. I reported to Mr. W. and persuaded him to haul his drinking water from Mr. J.'s spring. He did so; his family recovered under judicious treatment, and no relapses, which had been the rule before, and no new case occurred in his family.

Mr. H. and Mr. S., living in and near the village, had the misfortune by the drying up of a well and breakage of a cistern to lose their drinking water; they hauled water from the village spring, and in two weeks' time nearly every member of both families were down with intermittent fever.

In 1859, in Mississippi, two planters in the bottom (who were patrons of mine) built their negro quarters on the bluff of the bottom that they might have the use of the springs that were abundant along the foot of the bluff. Their negroes and overseers' families were prostrated every year with malarial fever. I advised them to build cisterns, well cemented. One took my advice, and in 1859 had no malarial fever to amount to anything and the few cases were mild and easily managed. The other suffered as before and lost several negroes. That winter he also built cisterns and thereafter escaped. I would call your attention to this fact: Here are cases where they were exposed to the same atmospheric conditions, the same environments and secured almost perfect exemption. In many other cases in the same country a change in the drinking water from wells and springs to cistern water the disease was measurably stamped out.

Mr. R. C., living in Franklin County, Tennessee, in the same house in which he was born fifty years before. The house was on a high bluff, two or three hundred feet above a beautiful stream of water. Just at the foot of the bluff there was a bold, beautiful spring flowing from the bluff. From this spring his father and family had their drinking water for fifty years. Mr. R. C. con-

tinued to get his drinking water from the spring. His father's family as well as his own had chills every fall, and sometimes pernicious fever. White and black were alike subject to these attacks and the place, although so beautifully located, had the reputation of a sickly place. A planter with quite a number of slaves, every precaution was taken to prevent these annual attacks, but without avail. There was no marsh near and no local cause could be found. He built a cistern for cooking and washing purposes, to save the labor of carrying water up the hill, but continued to bring his drinking water from the spring. A negro woman living in the yard (who was the cook), with a large family of children, too lazy to bring water from the spring for herself and family, drank the water from the cistern and she and her children escaped entirely the chills in the fall, while the others suffered as before. This attracted the attention of her master and he built other cisterns and ordered his family and servants to use only cistern-water, and for the first time in over half a century they escaped entirely the annual sickness. I traced this spring by cave springs nearly three miles. Two miles from the spring the stream passed directly under a malarial marsh, or pond, in winter and spring, dried up in summer—dry surface, but a few inches below, mud. Near the centre of this marsh was a sink, nearly filled by the accumulated debris of years. I had this opened. Near the bottom the water flowed in from all sides. Finally we reached the rock. A wide crevasse between the rocks opened down to a stream. Material dropped into this stream came out at the spring nearly two miles away. So the family all these years had been drinking water from this marsh.

Along the base of the Cumberland Mountain in this same country malarial fevers have been prevalent ever since the settlement of the country. The people used well and spring-water. In later years many have built cisterns, and in almost every instance where they use cisterns they are exempt from malarial fever.

Some years ago I had medical charge of a large force, building a railroad in

South Alabama. The right of way was being opened through the bottoms of the Black Warrior River. There is a noted little spring in this bottom near the right of way, finding its exit in the bank of a bayou. It is noted for two things: First, it is the coldest water I ever tasted coming out of the ground—so cold it will make your teeth ache; second, it is noted because if you drink it you will have a chill in a few days. The citizens will not drink it because of the latter fact.

A party took the contract for cutting the timber from the right of way and moved into the bottom with our party, robust strong negro men, and camped near the spring on the margin of a lake. I saw the party and warned them about the spring. My counsel was disregarded, and in two weeks there was not a man in camp able to wait on the others. They were moved out on the sand-hills; and after a time most of them recovered, but there were several deaths—several cases of pernicious fever. Another contractor on another section of the work, camped near the first, drank water from the lake and escaped almost entirely.

Just a short time since, a prominent medical gentleman was in my office and we were discussing this subject. He said: "I am here now for a rest and a change. I am just recovering from a long spell of malarial fever; it is an epidemic at my home." This man lived at Cedar Hill, Robertson County, one thousand feet above sea-level. Freestone water-springs and wells furnish the water supply—wells twenty to thirty-five feet deep, this difference in depth owing to elevation or depression of surface. The entire population on this elevated table-land for six or seven miles around this village are suffering from malarial fevers—not every individual, of course, but every family with but two exceptions. In the village but one family has escaped, and they use cistern-water, and that is the only cistern in the village. Four miles from the village there is another family using cistern-water for drinking purposes, and they have escaped entirely. A brother-in-law of the last-mentioned family, living three hundred yards from the former, has had chills from using spring-water.

Near this village is a large swamp,

one thousand acres in extent. It has about dried up; there is no water on the surface, but mud just below the surface. At twenty to thirty-five feet below the surface of the earth there is a solid rock base. A well can be secured with plenty of water anywhere on the table-land by digging down to this rock base. The water seems to be on a level or sheet. Now this is the only malarial marsh on the ridge, and evidently furnishes malaria for the inhabitants of not only the village, but surrounding country. Every family that uses either spring or well-water for drinking purposes have had malarial fever in some form. Two families only have escaped, one in the village and one four miles in the country—both use cistern-water.

I need not continue to enumerate cases or to bring forward other facts; they are abundant on every hand. In all these cases presented, the atmospheric conditions were the same and unchanged, but when the drinking water was changed the disease was stamped out, or measurably so, and the parties escaped the malady entirely. So many instances of this kind have come under my personal observation that years ago, when living in a malarial country, in treating cases of a malarial origin, I made it a rule to change the drinking water. It is a fact that it is almost an impossibility to get a complete cure from malarial fever when the patient continues to drink of the water thus laden with malarial poison. Quinine sulphate is certainly an antidote, and is sufficient to cure the case, but if you replenish the patient continually with a fresh supply of germs through the drinking water you will not likely cure your case.

I have in this imperfect paper not attempted to bring up the arguments that are abundant in medical literature, neither have I attempted to set aside the arguments in favor of the atmosphere being the potent medium of carrying the poison; nor have I attempted to account for what it is, whether it is a bacteriological organism (which, of course, it is) or a plasmodium or a toxine associated with carbonic acid gas. My purpose is to call the attention of the profession, in a short paper, to drinking water as bearing an important part in the transmission of this subtle

poison to the human organism—in fact, as the medium of transmission in malignant forms of the disease; that while we may have, and doubtless do have, malarial fevers caused by the malaria contained in the atmosphere, yet they are the milder forms of the fever. In malarial countries or districts all waters are liable to be contaminated or saturated by this poison. In every neighborhood almost, you will find one or more springs called "sickly springs" by the people, and they are right, for if you drink the water you will have a malarial attack. I believe that in malarial districts if sterilized water were used for drinking purposes we would hear but little of malarial fever.

How Young Dent Said Grace.

One of the best stories Mrs. Grant tells is not of her husband, but of her brother, Grant's friend and room-mate at West Point. While she was still Julia Dent he came home on furlough with a real boyish longing for home fare and home delicacies. He petitioned particularly for corn dodgers, but cook was cross or the oven was out of order, so that only two of the desired cakes came to table. Young Dent eyed them calculatingly, and then surprised his mother by asking permission to say grace. When this was accorded, the harum-scarum lad folded his hands, and, bowing his head, reverently said:

Two corn dodgers for four of us.
Thank the Lord there are no more of us.

—*New York Herald.*

A child recently died under treatment of Christian Scientists. He died of diphtheria. A Christian Scientist had charge of the case, and he made return to the authorities that the child had died "from sin and fear;" but the verdict upon official investigation was "death from criminal neglect." If a full-grown man, not insane, wishes to turn his back upon all that mankind has learned, he may do so, provided the disease is not of a contagious nature; but the law should interfere when parents deprive their children of medical care.

—*Christian Adv.*

CURRENT LITERATURE CONDENSED.

Atypical Hereditary Cerebellar Ataxia.¹

The patient, a boy of eleven years, was the second of two children. Both his parents are living, and apart from a marked tubercular history on the paternal side of the family, no hereditary taint could be traced. The child had the customary diseases of childhood, began to talk and walk, never had spasms, and his teeth developed at the customary time. The mother said he had not been able to talk and walk like other children; he was always "stiff in his joints," "easy to fall," etc.; he never climbed and played like other children, though he tried to do so. When four years old, it was noticed that he was becoming very near-sighted, and glasses were applied and had been worn since that time. After returning from an outing with his father, he vomited a quantity of liquid, and later, clotted blood. A few days before this he fell down a flight of stairs, and his parents attributed his illness to this. He had been attending school since his fifth year, and had been repeatedly sent home on account of his inability to advance. A year ago he was returned permanently.

For a year or more there had been periods when, his mother said, he could not use the left side of his body, and at such times his leg and arm were very unsteady, and his speech unintelligible. It was difficult to keep him warm and to keep the body surface of good color in winter. The boy was peevish, irritable, and irascible; but affectionate, fond of animals and pictures, and while he could be led, he could not be dominated. When last seen he was tall for his years, old-looking, the skin looked and felt dry and the flesh pultaceous; no enlargement of the thyroid gland; right side of the face more innervated than the left; very slight grip in the hands; knee jerks exaggerated, especially on the right; elbow jerk lively; slight ankle clonus; gait shambling and reeling; stands fairly well, with feet wide apart; genital organs extremely

undeveloped. His manner of rising from the recumbent posture resembled a case of progressive muscular dystrophy, except that he did not "crawl up the legs."

The fixation power of the eyes was not good, but there was no nystagmus and there was slight weakness in the external ocular muscles. There was progressive myopia, but the background seemed normal. Speech was ataxic, thick, sometimes jerky. Mentally he was defective. It was almost impossible for him to go up and down stairs. Heredity is apparently not always a factor in these cases, but the disease is universally admitted to be familiar. The sister of this boy was affected in the same way, and died in her second year. The condition has been more commonly observed in patients older than the one just presented. It is hardly necessary to refer to the apparent relationship to Friedrich's disease.

Systematic Treatment of Chorea.²

It is probable that each case of chorea has more than one factor in its causation. Since there is no clearly defined pathological entity, we are constrained to use the term functional in describing the disorder. Chorea is a motor excitability producing exhaustion, and as the rheumatic element appears in one-third of the cases, greater caution is demanded than is usually given. Measures for relief range themselves, in my experience, as follows: *Specific medication* directed to recognizable causes, rheumatism, malaria, etc., and the empiric use of arsenic. *Rest to the body*, which is in extreme over-action. *Nutritional repairs*. *Re-education of coördination*, a very important, but little-noticed item.

Whenever possible it is best to put the child to bed, making use of adequate clothing to prevent exposure, and permitting play with toys, not books. The food should be of the plainest, for a fortnight at least, altogether omitting red meats. Permit sweets only in moderation, using a diet mostly of milk, fruits

¹Dr. Joseph Collins, *Journal of Nervous and Mental Disease*, December, 1895.

²J. Madison Taylor, A. B., M. D., *The Philadelphia Polyclinic*, January 11, 1896.

and vegetables. Have the child bathed freely in tepid water twice a day, better than once, getting it cooler and cooler. It is well to flush the spinal areas with cold water from the first, as an additional touch after the warmer application has been made, and use sharp friction to the whole surface. If this be done with the dry salt-towel a better surface glow is secured. A laxative every second or third day for the first week may be needed to secure freedom from intestinal irritation or fecal toxins. To repair unconscious fatigue and wasteful metabolism carbohydrates afford a better supply than the albuminoids, and I give cod liver oil, usually in capsule, often only once or twice a day. Iron is not often necessary when arsenic is used. After the first fortnight massage is beneficial. Slow steady surface-stroking should be followed by firm, quiet kneading, ending with passive movements of the limbs and over-stretching like that used for spastic conditions. In children a shorter seance is required. As the movements come under control, greater liberty in diet and exercise may be given, fatigue, excitement, and annoyance being studiously avoided. When ataxia has been excessive I re-educate the limbs and motor centres by teaching the use of accurate movements at word of command, systematic posings and mild, free exercise. It is well to direct the eye up, down, to right and left; the fundamental leg and arm attitudes up to complex acts, as tossing a ball or catching a bean-bag. In all exercise of convalescents, bathing and absolute rest should immediately follow. If any trace of rheumatic pains show I use salicylates. I like ammonium salicylate with ammonium bromide in liquor ammonii acetatis, or elixir of calisaya in full doses for three or four days. Precede this with a laxative, and follow with arsenic. I use Fowler's solution, commencing with three drops thrice daily and increasing by one drop daily, until toxic symptoms show. Then stop for a day and resume at the next smaller dose. If this be too much, stop and begin with three drops. In some cases it is better given hypodermatically. In dealing with powerful remedies, full written directions should be given. Quinine has been claimed by Dr. H. C.

Wood as a specific. It has occasionally, but not often, done good service for me.

Medical Manners.

A very gratifying tendency has marked the development of the medical profession in the last generation. The slough of mannerisms, the formal dress, the owl-like solemnity, have been thrown off, and the physician, by his own choice, is being judged more by his actual attainments than by external appearances. Thirty years ago, a bald head, a white beard, and a long frock-coat were as much a part of the physician's equipment as his diploma. Now, on the other hand, it is no infrequent occurrence for an elderly man of real ability, and modern in his methods of practice, to lose a patient through the fear that he may not be fully abreast of the times. What can be further from the old traditions than a leading surgeon lounging about in an outing shirt and blue belt, or a distinguished physician playing polo? Yet these amusements are simply a relaxation from the tension of professional study. One of the best indications that people are learning to judge their medical advisers by their merits is the fact that the advertising physicians are being driven to the wall, despite the most specious extrinsic evidences of success that the shrewdest business methods can produce.—A. L. Benedict, in November *Lippincott's*.

The full text of the late M. Pasteur's will is as follows: "This is my will: I leave to my wife all that the law permits me to leave to her. May my children never deviate from the law of duty, and may they always preserve for their mother the tenderness that she merits!"

It was a colored preacher who said to his flock: "We have a collection to make this morning, and, for the glory of heaben, whichever of you stole Mr. Jone's turkeys, don't put anything on the plate." One who was there says: "Every blessed niggah in de church came down wid de rocks."—*The Living Church*.

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HAROLD H. KYNETT, A.M., M.D.

Associate Business Manager

WM. H. BURR, M.D.

Editorial and Publication Offices, 1026 Arch Street, Philadelphia, Pa.

P. O. BOX 843

Editorial Staff:

A. L. BENEDICT, M.D.

W. A. NEWMAN DORLAND, M.D.

SAMUEL M. WILSON, M.D.

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PHILADELPHIA, SATURDAY, JANUARY 25, 1896.

EDITORIAL.

THE AVERAGE PHYSICIAN.

The REPORTER has been and aims to be, the journal of the average physician—a journal which shall be newsy and bright without descending to gossip and vulgarity, which shall be scientific without developing into a mass of technicalities; which shall be practical and clinical without degenerating into a symposium of ignorance.

If we were asked to describe who and what the average physician is, we should begin by telling what he is not. He is not the man who writes to a journal a full account of "my own case," nor smutty reminiscences of "experiences in practice," nor who begs the advice of an editor or of his "dear brethren" for a

masturbator or sexual neuresthenic whose symptoms he proceeds to describe in full. There seems to be an affinity between this sort of physician and the journal with interleaved advertisements of proprietary drugs once removed from quack medicines, and whose editor answers appeals for aid in prescribing, with encomiums of henbania comp., or Pheasant's iodidia, or other mixtures which are extensively represented in the advertising pages.

On the other hand, the average physician is not the big little man of the hospital or college. He is neither the needle-threader of the surgeon, nor the speculum-holder of the gynecologist,

nor the shirt-buttoner of the clinician. He is nobody's man Friday, and his friendships and enmities among his fellows are disinterested and based on merit. When the average physician prescribes, it is his own or some standard formula, not that of his particular patron; when he reports cases they are not kaleidoscopic reflections of some one else's; the clinical pictures that he draws may lack the touch of a master-hand but they are, at least, original and not tissue-tracings of another's draughting.

The average physician is not a great man, his practice is not enormous even by his own assertions, his patients are not wealthy, his fees are not extravagant, his work is done without *éclat*; yet it would be a surprise to many to know how highly the truly great man esteems his average fellow, to understand how eagerly the former seeks to learn from the latter's experience, to realize in what little details, the dexterity, science and authority of the former differ from the skill, information and common sense of the latter.

The average physician is largely represented in the country and in small towns, but to a great degree in the city also. Speaking as a city-dweller, as one for whom long habit has made country life as unnatural as terrestrial life would be for a fish, we protest against the notion that a residence in a numbered house on a paved street increases a man's mental calibre, or skill, or general worth. True, there are certain ambitions for whose gratification the country affords no opportunity. The man of eminence in medicine, as in any walk of life, is drawn by an irresistible centripetal force to the large city, but for the average physician, the choice between life in a city, or village, or the country should be one of individual taste and convenience.

Some time ago we had the privilege of reading a paper before the society of a comparatively thinly-settled county, where there was no city, and only one village of any considerable size. Here, if anywhere, one would expect to find the "Jay" type of doctor which the imagination of the cockney has created. Carefully dressed, courtly in manner, refined in speech, these country and village doctors were men that one would be proud to meet anywhere. One could find better models for the caricature of the "country" doctor in our own city societies than among these men who actually lived and worked in the village and country. Not simply as gentlemen but as physicians, were they worthy of respect. Their papers and their discussions showed a thoroughly scientific and progressive spirit, and the most renowned city specialist well might envy the phenomenal cases that they had seen.

It is not the policy of the *REPORTER* to cater to the country physician as such. We wish simply to make plain our conviction that, barring certain necessary customs of supplying medicines, of giving the preference to visiting rather than to office consultation, etc., the life of the physician, in country or city, is essentially the same, and that he is in either location the same type of man.

The average physician has little time for laboratory study, little opportunity for teaching, altogether too little inclination to write out his experiences for the benefit of others. His work is practical, and his reading must correspond. The *REPORTER* is not the most appropriate journal for the publication of technical details of pathology, bacteriology and physiology. It does not imitate—and least of all does it oppose—such journals as are published in the interests of certain schools, societies, specialties or localities. We hold, however, that the average physician is a scientific man, a

true student of medicine, that the great man in medicine is only great in one particular, so that specialist and general practitioner may each learn of the other. When we announced the *REPORTER* to be the practical journal of the average doctor, we by no means imply that we will be behind the times or lacking in scientific and literary merit. Too many men have covered up such sins by the words *practical* and *conservative*. We do not believe that the average physician is practical or conservative in any such sense. With the science that attempts to tabulate the suffering that a kilogram of living dog can endure, that describes the

comparative anatomy of the rhinoceros and the glacial pachyderms, that details the development of some harmless microscopic fungus, the *REPORTER* has nothing to do. With the science which tells us what are the exact phenomena of disease, which enables to detect or to guard against the germs of infection, which elucidates the workings of normal organs, which explains the actions of drugs and other remedial agents, the *REPORTER* is deeply concerned, as the literary purveyor for the best and most representative of the medical profession throughout the nation.

ALCOHOL IN IRISH WORKHOUSES.

It is satisfactory, from a compilation of various statistics from Government returns issued by the Irish Association for the Prevention of Intemperance, to find that there was a slight decrease in the cost of alcoholic intoxicants since 1891. The reduction is small, practically a diminution of 3d. per head. There are some curious features in the figures. As in previous returns the cost per inmate in the North Dublin Union is very different from that in the South Dublin Union, being 3s. 10d. in the former, and only 1s. in the latter, in 1893. Strange to say, the average expenditure in Belfast is the same as in North Dublin. It is evident that stimulants are given on no common principle. In the following unions no alcohol was administered in 1893: In Clones, with 76 inmates on a daily average; in Manorhamilton, with 127; in Newry, with 213; in Scariff, with 106; and Stronarlair, with 66. Westport and Newcastle follow with an average cost per head of 1d., Lurgan of 3d. Then the averages rise gradually up to the highest of 15s. 7d. The rate of reduction or of increase has also shown some apparent eccentricities. In short, the amounts consumed and the rates of cost per in-

mate present a maze of confusion and contradiction which could hardly be surpassed in its chaotic bewilderment if the responsible officers had drawn for the liquor orders in a hat filled with the pauper's names. We are not informed how much of the intoxicants has gone to officers' rations, how much to healthy paupers as an illegal reward for work, or how much has been prescribed for the sick. In the United Kingdom there has been a general decrease of some 60 per cent. during the past quarter of a century. The medical officers would be well advised if they made a special study of alcoholic liquors as dietetic and therapeutic articles, that they may order these dangerous remedies on some general, accurate and sound scientific basis. Unless they set to this urgent work in earnest the existing chaos of alcoholic prescriptions will remain a reproach to an intelligent, valuable and hardworked public service. The sooner an associated and resolute inquiry of this kind is set on foot the better for the interests of the poor, the better for the administration of the Poor law, the better for the character and usefulness of the medical staff. — *British Medical Journal*.

IEWS AND INTERVIEWS.

The best indication of the professional standing of any community is the amount and quality of the work done in its representative organizations. Reputation depends principally upon the publicity given to the work. The association which exists for the critical analysis and comparison of the work rather than the worker, which devotes its energies to the advancement of professional knowledge and which publishes its proceedings for the benefit of the entire cult, not only accomplishes much for medical science, but, incidentally, most effectively promotes local interests. Work which is held constantly before the profession compels attention, the locality is identified with the work, and, naturally, interest will concentrate about a place whose professional facilities are constantly in evidence. The principal equation in the problem of a medical centre is thus reduced to two factors—the medical society and the medical journal. Neither may be disregarded without falsifying the equation and inevitably defeating the solution of the main problem.

* * *

Applied to Philadelphia, these two factors develop some interesting results, which would appear to be and are incompatible with the city's reputation as a medical centre. Of medical organizations, Philadelphia has superabundance. That any of them fairly represents the local profession, is doubtful. A considerable number of medical journals are published within its territory. That no one of these journals even purports to represent local medical interests, is certain, and is, moreover, obvious. There are, probably, more medical societies within Philadelphia than the REPORTER has knowledge of. It is quite evident from the general indifference of the profession that it has no inordinate pride in any particular one. Even the County Medical Society, with a resident membership of nearly seven hundred, should hesitate to arrogate itself the representative of Philadelphia medicine when, at the recent meeting for the annual election of officers and for the

transaction of business involving the expenditure of money, unanimous election was accomplished by thirty-two ballots. This may have been an exceptionally small attendance, but it was not so unusual as to provoke considerable comment. Under such circumstances, if the County Society claims to officially represent medical Philadelphia, the local profession evidently does not admit its claim.

* * *

The County Medical Society is specified in this connection because that could, and should, be made to represent the entire profession within its boundaries. The indifference with which it is now regarded is manifested in a variety of ways—small attendance upon its business and scientific meetings; lack of interest in its proceedings; the comparatively insignificant amount of valuable work presented; but, especially, by the growing number of minor organizations, district societies of limited membership, and semi-social coteries. The practitioner apparently finds these lesser gatherings not only are more congenial but the greater mutual benefit is to be gained by the free discussion and comparison of his work with that of others whose interest and sympathy can be depended upon. There must be strong reasons to thus induce the deliberate choice of an association whose opportunities are, at best, limited, and practically to ignore the organization which, by constitution and intent, exists to afford the best facilities for professional advancement.

* * *

It is not to be inferred that the work presented before the County Medical and other societies is of inferior quality. So far as can be estimated by the specimens which, at uncertain intervals, escape from bondage and, in divers, unexpected places, filter through into current literature, the quality is not unworthy of the traditional reputation of Philadelphia. Indeed, if the work could but be concentrated for the common interest, and could receive systematic and timely publication, Ameri-

can medical literature would be materially enriched, and scientific medicine distinctly benefited. It must be remembered that the REPORTER is discussing this subject chiefly in its relation to Philadelphia's claim as the greatest centre of American medicine. The County Society is unquestionably the organization best known outside of the city, though there are other societies whose work should command fully as much, if not more, the attention of the profession at large. The work in the former, however, is general in character, while other societies deal more or less with specific departments. But the

comments made upon the County Society can be applied with equal truth to the others.

* * *

That Philadelphia medicine does not occupy a higher position in the esteem of the American profession is due to the simple fact that the profession does not know what is being done here. It may be added that the local profession itself does not know what is going on within its own territories. Of this more hereafter.

The *Cincinnati Lancet-Clinic* reviews the Philadelphia "centre" in another editorial which is reproduced elsewhere.

THE "TIMES AND REGISTER" PHILADELPHIA-BOSTON.

367 ADAMS STREET, DORCHESTER,
BOSTON, Mass., January 13, 1895.

Editor LANCET-CLINIC:

You have hit the keynote to the situation in your editorial, "The Philadelphia Medical News, *et al.*, January 11th. Sorry you did not include the *Times and Register* in your migratory enumeration, for it is now edited in Boston, although published in Philadelphia. There is little support in the latter city from those who should sustain good journalism. We publish bi-weekly now, you know.

Yours,

F. S. PARSONS.

The above letter more than affirms the statements made pertaining to the medico-journalistic situation in the staid City of Brotherly Love.

A score of years ago the Philadelphia *Medical Times* was the most elegantly published medical journal in America, and its editing was not surpassed for quality by any of its contemporaries. It was then published bi-weekly, or semi-monthly. Afterwards the *Times* was consolidated with the *Register* and published as a weekly. Whether or not the medical profession of Philadelphia were and are too slow to keep pace with a publication that comes to them every week, it is impossible to say. The long-formed habit of depending upon the *American Journal of the Medical Sciences* and *Ran-kin's Abstract*, both of which obtruded

themselves upon their readers but four times a year, may have had something to do with setting the pace which now exists. The Philadelphia *Times and Register* edited in Boston! Think of it, and consider the conditions of atrophy which have taken place in the old front centre of medicine!

A score of years ago, when the Philadelphia *Medical Times* was beautiful to look upon and a delight to read (its editor told the writer that every issue, from front to back cover, was proof-read by a professional reader three times), there were in Philadelphia some first-class, reliable houses engaged in the manufacture of physicians' supplies. They are now never heard of, and are practically unknown to the present generation of physicians. We recall the names of Powers & Weightman, Rosengarten, Bullock & Crenshaw, John Wyeth & Brother, Wm. R. Warner & Co., Robert Shoemaker, The Cosmoline Co., and perhaps others, of whom alone the firm of Wm. R. Warner & Co. seems to be alive. Where are the others which were known from the Atlantic to the Pacific coast? In the mutations of a single score of years they have passed from view. Apparently founded to live for centuries, their ponderous momentum failed to carry them forward a single decade of years. Why, the writer cannot say. Methods of doing business have changed. The civilized world, outside of a few specific

localities, has demanded a current literature of frequent issue. A newspaper is old and not read in twenty-four hours after publication. Merchants and manufacturers vie with each other in a lavish use of the advertising pages of publications which go to hoped-for patrons. Such patronage enables the newspaper to enrich all of its departments and pages to such an extent as to attract and build up the trade and commerce of any locality.

The current literature of a city is an infallible index of the business and thrift of its people. The newspapers, when liberally supported, can and will do more to bring trade to a specific locality than any other, or than all other factors combined, but to accomplish such results they must have the living co-operation of those who wish to prosper in their vocations.

The pouring of fabulous sums of money into the hopper of the University of

Pennsylvania has given that institution a goodly amount of free advertising in the current press. It is a mean, sneaking kind of advertising, that should not be tolerated by newspapers, but it crawls in under the door as news and partially accomplishes the design of narrow-minded men who pose in the rôle of economists. There is that which scatters and brings riches, that which withholds and tends to poverty.

The writer has many very pleasant memories of Philadelphia, of its people, and particularly of its medical profession, with never a grudge against them; but they should know their city and its institutions are drifting into the still but deceptive waters which flow into the deep, dead sea. A shock from some powerful battery or explosive may awaken those who hold the oars but are slumbering. Other cities are warned.—Ed. in *Cincinnati Lancet-Clinic*, Jan. 18, 1896.

CORRESPONDENCE.

COCAINE POISONING.

EDITOR OF REPORTER:—On January 7th I was suffering from toothache, the tooth being "dead" and the nerve-canal having been drilled out. I concluded to extract the offending member and accordingly injected the gums with 2 per cent. solution of cocaine, using about twenty drops for the purpose. I made traction on the tooth and broke it off. I waited half an hour and again injected with about the same amount and still failed to secure the offending root. It still paining I concluded to inject the nerve-canal and inserted needle and making considerable pressure, when suddenly the plunger went home and about twenty drops of the solution passed into the alveolar process. Instantly all pain ceased and I retired. In the event of thirty minutes, however, I had a decided rigor, followed by profuse sweating and vomiting, cold extremities, difficulty in breathing, great prostration and a terrific headache.

These 'symptoms' continued for about twelve hours except the headache which continued for some forty-eight hours.

Not over a dram (or $1\frac{1}{2}$ grains of cocaine) of the 2 per cent. solution was used.

This experience convinces me that cocaine although an admirable remedy, should be very carefully handled.

H. L. BRUSH, M.D.

Custards, Pa.

The law of England permits the marriage of boys of fourteen with girls of twelve, but the common sense of the community has brought it about that the average age of first marriages is 26.55 for men and 25.04 for women; or, taking five-year periods, that the largest number of men marry between twenty-five and thirty, while the largest number of women marry between twenty and twenty-five.—*The Hospital*.

ABSTRACTS.

THE MODERN WOMAN AND MARRIAGE.*

Criticism of the marriage relation is in the air. In what has all this turmoil had its origin; what is the significance of this criticism; and what is the general attitude of woman toward the matter? Howells, with only humorous apology, admits of his sex that "after 1800 years man is only imperfectly monogamous." That even this imperfect measure of self-denial and fidelity has been reached is almost solely due to the untiring effort of the woman of the past.

The root of family life is not mutual affection between man and woman, because that, alas!—whether it be founded on physical attraction or mental affinity—is subject to change. Age withers, and custom stales it; circumstance blights it, a diversity of spiritual growth rends it apart, and no man or woman can say with certainty that it will endure for a lifetime. But the fluctuations to which wedded love is subject are unknown to the abnegating instinct of parenthood. Mutual affection for the offspring will hold together the most opposite natures; it will rivet for all existence two lives that must otherwise inevitably spring asunder by instinctive repulsion.

Love of offspring is in man a cultivated emotion; in woman an instinct. There are women lacking the instinct as there are calves born with two heads, but for purposes of generalization these exceptions may be ignored. In many of the lower orders of life the female is obliged to protect the young from the enmity of the male parent. With savage man of the lower grade the paternal instinct is still faint and rudimentary, and even where the woman has, through long ages of endeavor, succeeded in cultivating in the heart of the other parent a fair imitation of her own affection, this affection being a cultivated emotion and not an instinct, frequently breaks down

under stress of misbehavior or frowardness on the part of the child. To this end—that end "toward which the whole creation moves"—to effect this result of an equal care and affection for the offspring, all the energies of women have been bent for ages.

She has fought polygamy with incessant hatred; not only for its injury to herself but for its constant menace to her children. The secret strings of the woman's heart are wrapped about the fruit of her own flesh, but the desire of the man is to the woman, and this desire she has used as a lever to work her will—not consciously, perhaps, not with reasoned forethought, but with the iron tenacity of blind instinct. Civilization has, under the unrelaxing pressure of endless generations of her persistent will, been bent to her ends. Polygamy is routed, and the errant fancy of the male tamed to yield itself to a single yoke. This is the conquest that has been made, the crown and throne achieved by the silent, uneducated woman of the past. Monogamous marriage is the foundation-stone on which has been built her power; a power which, while it has inured to her own benefit, has not been exercised for selfish ends. She has raised the relation between man and herself from a mere contract of sensuality or convenience to a spiritual sacrament within whose limits the purest and most exalted of human emotions find play. For the coarse indulgence and bitter enmity of polygamy has been substituted the happiest of bonds, in which the higher natures find room for the subtlest and completest felicities, and within which the man, the woman, and the child form a holy trinity of mutual love and well-being.

To this jewel, so hardly won, so long toiled for, it would be natural to suppose that woman would cling with all the force of her nature; all the more as education broadened her capacity for reflection and deepened her conscious-

*Elizabeth Bisland, *North American Review*, June. Condensed for *Public Opinion*.

ness of self. On the contrary, the little learning she has so far acquired seems, as usual, a dangerous thing, and with the development of self-consciousness the keen, inquiring *flair* of her instinct for the one thing needful has been blunted and enfeebled. It is not necessary to give undue weight to the blatant and empty-headed crew who announce marriage to be a failure, and that women are tired of, and will no longer submit to, child-bearing. There are crowing hens in all barnyards, and their loud antics never materially affect the supply of eggs—but there are other voices more potent and more threatening than these.

A certain class of optimists always pooh-pooh suggestions of possible change, or danger to an existing comfortable state of things, and these will refuse to admit that the modern woman may be risking anything serious, or turning her feet in the wrong direction. But those sensitive to feel and observant to note the mind of their generation will be aware that it is not only the half-baked, shrieking sisterhood who decry the result of so much patient endeavor and self-sacrifice. The theory that marriage is a heavy bond, cramping the capacities of the sex, appears in the most unexpected quarters, held by women of ability and education. That loud cry for "the development of her individuality"—only a euphemistic phrase for the cruel and profligate modern creed, "Everything pleasant is yours by right; you have no duties"—has an ever-increasing chorus of applause among women.

Wonderful, that while knowledge comes, wisdom lingers. Wonderful, that what women have suffered so long to win, once won they should cease to prize; that education should not teach woman that man was by nature very far removed from the gentle domestic animal she knows to-day. However the modern woman may swagger about her individuality, may talk of her "spiritual needs," and deplore the stupid tyranny of man who demands sacrifices from her in return for his tenderness, protection, and support, the *fact* is not changed, that however much she may be man's intellectual equal, or spiritual superior, the exigencies of motherhood put her at his mercy. She cannot be entirely self-

dependent except at the cost of the welfare of the offspring. The Factory Acts are a recognition of the right of the child to its mother's health and vitality. Woman may not simply eat her cake and have it too. Using all her energies for her own needs she cannot give vigor to her children. If she employ for her own ends her store of life she robs the child. To adequately supply the new generation with health, brains, and nerve force she must husband her resources and yield herself to the generosity and tenderness of the man, and trust to his care. That he has not always been generous and tender, that he is not always so even now, does not alter the general fact.

This enmity to and destructive criticism of that fair temple of life called marriage—built by women's hands out of women's hearts—seems like a madness. If women pluck down its shrines, man will not be long in refusing to worship there. There might be something, perhaps, to admire in the self-denial and courage of a sex which should say: "We will destroy even this holy sanctuary, built by the ages, in which we are honored priestesses, which contains all our luxuries, our securities, all our comforts; we will go out and face the world and toil like the rest, only that we may be free!" if it were not that women are not and never can be free. They are all under bonds to the new generation. If she were alone, she might choose to make herself homeless—but how of the little children?

A Fast Boy.

In the year 1729, says *Good Health*, was recorded by the French Academy a case of a boy who at the age of six years attained five feet six inches in height, grew a full beard, and was able to lift a bag of grain weighing two hundred pounds. Two years later he became gray. At ten his teeth fell out, his hands were palsied, and he tottered like a man of sixty-two years; later he died with all the signs of old age.—*Indian Medical Record*.

Teacher—Now, who can tell me which travels the faster—heat or cold? John Bright (promptly)—Heat, of course. Anybody can catch cold.—*Exchange*.

CRIME AMONG ANIMALS.*

The gulf which the philosophers of former centuries created between men and animals no longer exists, the theory of evolution and general psychology having shown that there is no break whatever in the long chain of living beings. Everything one meets with in communities formed by man is also to be found, on a smaller scale and in rough outlines, among the animal species; for all beings capable of movement, of receiving sensations, and of feeling emotions, are subject to the same general laws of existence. This is why the school of criminal anthropology founded by Professor Lombroso, the eminent Italian savant, has endeavored to discover in the animal species the origin of the mysterious and terrible phenomenon we call "crime."

Cases of theft are noticed among bees. Büchner, in his "Pyschic Life of Animals," speaks of thievish bees which, in order to save themselves the trouble of working, attack well-stocked hives in masses, kill the sentinels and the inhabitants, rob the hives, and carry off the provisions. After repeated enterprises of this description they acquire a taste for robbery and violence and finally they form regular colonies of brigand-bees. But it is a still more curious fact that these brigand-bees can be produced artificially by giving working-bees a mixture of honey and brandy to drink. There is one variety of bees—the *Sphecodes*—which lives exclusively upon plunder. According to Marchall, this variety is formed of individuals of the *Halyetes* species, whose organs of nidification were defective, and which have gradually developed into a separate variety, living almost exclusively by plunder.

According to the observations of Linnaeus and Tesse, which Romanes believes to be probable, sparrows are sometimes guilty of real robbery with regard to swallows' nests; and the swallows in their turn defend themselves and take their revenge. Real instances of theft may also be observed among pigeons, in the artificial communities formed by dove-cotes. Moreover, according to

Signor Muccioli, these thieves show themselves lazy, idle, and bad carriers, flying slowly and often losing their way, so that they are not to be relied on. Thus the same psychological characteristic is to be found among these thieves as among those of human species—the inability to work. Cases of theft have at times been remarked among female dogs, but such cases are almost always influenced by maternal love. Nor is murder wanting among animals; that is to say, not murder such as is caused by the exigencies of the struggle for life; but murder committed under the influence of individual malice or passion. Thus, Karl Vogt, the celebrated German naturalist, has observed a couple of storks that had for several years built their nest in a village near Salette. One day it was noticed that, when the male was out in search of food, another younger bird began to court the female. At first he was repulsed, then tolerated and welcomed; at last, one morning the two birds flew away to the field where the husband was hunting for frogs, and killed him. According to Brehm, storks often murder the members of the flock which either refuse to follow them at the time of migration or are not able to do so.

Female partridges love their young very dearly, but their jealousy of their companions is so great that they often kill each other's young. Infanticide is a crime of very frequent occurrence among animals. In almost all zoological species we find females which refuse to be burdened with the bringing up of their young; sometimes they abandon and sometimes they kill them. There is no doubt that these are instances of real criminals,—of individuals affected with a very serious psychic defect which renders them incapable of discharging the most important of their duties toward their kind. Professor Lombroso has seen a hen which used to make a selection among her young similar to that made by the Spartans; she killed the feeble and lame chicks and only brought up those which were healthy and strong.

*William Ferrero, in the *Forum* for December.

Crimes caused by mental alienation or by some psychic trouble are also to be found among the more intelligent species,—crimes very much resembling those caused by madness in man. Thus, among elephants, there are instances in which individuals are seized with a desire to kill other elephants and men without provocation, whereas, normally, the elephant has an extremely meek and peaceable character. The natives of India call these elephants *hora*; and their morbid state of mind is attributed to the solitude in which they live. Rodet, a distinguished French veterinary surgeon, says that in every regiment of cavalry one may always find some horses which rebel against discipline and let no opportunity escape them of doing harm either to man or to their compan-

ions. These horses are said to present an anomaly in the formation of their skulls, having a narrow and retreating forehead.

All the phenomena of human crime are found among the animal species, but on a smaller scale. The animals are in a certain sense less criminal than men. When we wish to convey the idea that a man is extremely cruel, we say that he is like a wild beast; but this is an insult to animals which the latter do not deserve, for they never attain the hideous monstrosities of man. Man is, indeed, the most ferocious of all beings. However, there is nothing to astonish us in this; man is capable of attaining a higher degree of evil than any other animal, but he is also capable of reaching a higher degree of good.—*Public Opinion*.

MARCHING POWERS OF BRITISH SOLDIERS.

The deficient marching powers of the British soldier are still before the public in the newspapers and eliciting a variety of opinion on a question of evidently increasing interest. Having served in the army as a medical officer and seen the soldier in peace and in war, in camp and in barracks, I believe the present inefficiency to be mainly due to the recruits being obtained from cities instead of from the country as in former times. The town recruit has already wasted his strength in dissipation of all sorts, whereas the country lad has kept his less impaired from the absence of temptation. It will take some years of training and feeding before the former gets his heart filled again and made fit for work and up to the standard of the other physically. In this interval it would be advisable that he should be debarred from the use of spirits, tobacco, and venery, so as to reconstitute his frame and circulation on a more healthy basis. Badly fitting boots of the ammunition type are a fertile source of lameness on the line of march, and unsuitable and cumbersome dress is equally the immediate cause of collapse in the ranks on the road. These defects should admit of an easy remedy, as there are

master tailors and master shoemakers in every regiment, and these should accompany their men on their outings in the manoeuvres to see after and rectify mistakes and wear. A racial defect in the English soldier, however, is not so easy to remedy, and that is the comparative shortness of his legs, as exemplified in the sketches of John Bull in *Punch*, whereby he is obliged to make, say, four strides to three of other races. Both the Irishman and the Highlander have longer legs comparatively, and can travel further by their three strides than the Englishman can by his three, though not stronger in bodily power.—*British Med. Journal*.

There is a couple in Saint Paul, French Canadians, one of whom is one hundred and seven years of age, and the other one hundred and one. They have recently celebrated the eightieth anniversary of their marriage. The head of this family is named Lewis Darwin. Mrs. Sophia Paul, who died recently near Jamestown, N. Y., was one hundred and two years and eight months old. Her father lived to be one hundred and fifteen.—*Christian Adv.*

A READING NOTICE OF THE PERIOD.

This remarkable patent medicine certificate is taken from a "religious paper" in this country:

"IT CAME TOO LATE.

"Glidden, Ia., Oct. 1, 1894.

"*Dr. D. M. Bye—Dear Sir:* Your last box of oils received, and O, so thankfully by our poor mother; but, Dr. Bye, it came too late, or else we did not send in the first place soon enough, for she left on Saturday, Sept. 15, for a home with her God. She seemed to suffer little or no pain at the last, and her cancer on the surface seemed to be almost entirely cured. I think it had gone to her lungs, and then one grew on the bronchial tubes. She had so much faith in your medicines, as we all had. It took the soreness out of the one on her side, and we think now, if we had known of the one in her throat, and put the medicine on there, probably it would have prolonged her life a little longer. Whether it would have done any good or not, she is gone now. *She died with strong faith in you and your oils and her blessed Saviour.* We thought it best to write and tell you how things had gone. All her family join in hoping God will bless you and your oils.

"Sincerely yours, MRS. O. MAVITY."

For the mixture of religious slang and blind credulity we have rarely seen its equal. It reminds us of the incident of a young physician who settled in Arkansas. He was highly educated, but the medical practice of the town was in the hands of an old man, who had been there about fifty years. It was some time before the young man could get any practice at all. At last he made a few friends, one of whom was attacked with pneumonia. The case was incurable from the start. After two days he told the family there was no hope. The old practitioner was called in. With an owl-like countenance he looked at the patient for about ten minutes, and then said: "Have you tried black cat skin for this case?" The young doctor admitted that he had not. That night was an awful and calamitous one for cats.

Every catchable feline in the vicinity that had a speck of black was killed, and the biggest and blackest skin in the lot was pulled off the bleeding victim and applied to the patient's breast. The man went on to die, as he was doomed from the onset. The next morning the old doctor called, and after looking at the body and the cat skin, expressed himself thus: "If you only could have got a *leetle* blacker cat skin, or if you had sent for me a *leetle* sooner, he might have been saved!"—*Christian Adv.*

A lame man caught his crutch in a small hole in a manhole cover used by the Third Avenue Cable Railroad Company, this city. He fell and was severely injured, sued the company, and recovered two thousand dollars, which the judge set aside on the ground that the company could not be held liable for such accidents. The case was appealed, and the Supreme Court reversed the ruling and directed the recovery of the verdict. Justice Pratt, who writes the decision, holds that the public highway is made for people on crutches as well as others, and if a railroad company leaves a hole in the street large enough to admit the point of a crutch, and a lame person is injured in that way, it is liable for such injuries.

On general principles this ought to be law; but in a country that has had many thousands of maimed soldiers at every period of its existence, and hundreds of thousands since the late war, it ought to be law for their sakes, if for no other reason.—*Ex.*

The village wag thought he would have some fun with the mild-mannered young man who had recently taken charge of the country paper. "I say," he said, coming into the office excitedly, "there's a man on the street looking for you with a club." The young editor looked up pleasantly. "Is that so?" he inquired. "We make special reductions to clubs. How many subscribers has he got?"—*Truth.*

CARBON DIOXIDE AS A SUBSTITUTE FOR ICE.

After five years of patient experiment, E. F. Osborne, a thermic engineer, has devised a means by which a well-known but hitherto idle agency may be put to commercial use. The raw materials required are soft coal and limestone. The products are carbon dioxide, commercial lime, carbonate of ammonia, and coal tar. The coal is supplied to retorts and subjected to destructive distillation in nearly the same manner as in ordinary gas-works; the tar and ammoniacal liquor are separated, the former being sold in its crude form and the latter distilled and converted into carbonate of ammonia, packed and sold. The coke resulting from the coal distilled is converted into a semi-water gas, which is used to distill or calcine the limestone. The lime produced is of the best quality, and is sold on the open market either in bulk or by the barrel.

The dioxide is purified, cooled, compressed, and liquefied in the same way as is done in ordinary manufactories where this substance is produced for commercial purposes. The liquid dioxide will then pass by its own pressure into the main distributing pipe in the street, thence by service pipes to the cold storage warehouse, refrigerator, ice-cream freezer, champagne cooler, or other apparatus located on the premises of the various consumers on the line. At the curb-stone will be a service cock; just inside of the consumer's premises is an automatic valve which cuts off the quantity in case of a break or careless management of the apparatus on the consumer's premises. One ton of good soft coal and three and one-half tons of limestone will produce a little more than 3,500 pounds of lime, 13,000 pounds of carbon dioxide, six or seven gallons of coal tar, and forty to fifty pounds of ammonia. In addition to producing carbon dioxide gas, a first-class illuminating and fuel gas will be obtained.

To preserve meats without refrigerating, the carbon dioxide is blown in the meat in a kind of spray and has no deleterious effect on any food product except milk, which it sours. In refrigerating-

car service the gas would be carried in tanks under the cars, the tanks being filled at charging stations located 500 to 1,000 miles apart. Carbon dioxide as a refrigerating medium is not a new discovery. It is now in practical use, but the expense of manufacturing it is very great. It is used for refrigerating in saloons and hotels, but it costs from 8 to 18 cents a pound and can never be extensively employed so long as such prices prevail. Under the old system it was made from certain stones imported from Italy and Germany. Under the new system it is made from limestone and soft coal, and could be sold in competition with ice at 75 cents a ton. As ice sells at \$5 a ton, the saving will be sufficient to drive ice out of the field. The efficacy of this gas in extinguishing fire has also been well known, but its cost made it unavailable.—*Public Opinion.*

Nathan Straus reports that he has sold or given away 536,379 bottles of sterilized milk at his various depots in New York in the season just closed, and in addition has disposed of 512,430 glasses of pure milk in the same way. It is impossible, he says, to sell sterilized milk at a cent a bottle, his price, without loss, so that his enterprise is a philanthropic one, for which he deserves full credit. He foresees the growth of the demand for this health-giving food for the children of the poor, until it shall exceed his ability to supply, but he declares his purpose to keep open his depots until stronger hands take the enterprise from him. He shows the necessity for such depots as he has established as a sanitary measure, and points out the practical impossibility of the poor obtaining pure milk, untainted by disease germs, in any other way. It is true enough that Nathan Straus's milk depots have saved many lives of feeble infants, and made life much more endurable for thousands of others, and that the whole city of New York owes to him the crusade on adulteration of milk, which has already resulted in a great improvement in the quality of the supply.—*Springfield Rep.*

THE MEDICAL SOCIETY OF THE COUNTY OF ERIE, N. Y.

The seventy-fifth annual meeting of the Medical Society of Erie County was held in the rooms of the Buffalo Academy of Medicine, January 14, 1896.

After the transaction of routine business, Dr. George F. Cott read a paper entitled "Some Avoidable Accidents of Intubation. (See page 97.) He showed the various instruments for inserting and extracting the O'Dwyer tubes.

Dr. Franklin C. Gram, the Secretary, read a paper on the Early History of the society, from which most of the following details are taken. Much anxiety had been felt about a missing record-book which had come to light on the very morning of the meeting.

The Erie County Society began in 1808 as part of the county society of Niagara, though the meetings were, from the start, held in Buffalo. Five years after the organization of this society, the State Legislature passed a bill providing for the incorporation on a legal basis of the county societies then existing. In 1821, the separation of Buffalo and the southern part of Niagara county as a separate county, under the name of Erie, necessitated the organization of a new county society. The first meeting was held at the residence of Dr. Pomeroy, in the village of Buffalo, there being twenty-four charter members, as compared with a present membership of 338. The first president, Dr. Chapin, at his first annual address to the society, deplored the abundance of quacks, and the fact that the medical profession did not hold its proper position among the learned professions. Shortly afterward, he issued a circular letter to his patients, insisting on the payment of outstanding accounts and threatening indiscriminate suit of all who did not comply with his demands.

Dr. Ebenezer Johnson, came to Buffalo in 1809, and served as surgeon in the war of 1812, during which Buffalo was burned. He was subsequently mayor of the village, and built the peculiar stone residence known as the "Cottage"—it has a high basement besides the ground-floor story, and in the centre rises to a three-story structure—and long occupied by the Buffalo Female Academy. Part of his garden is still a breathing place for the thickly settled portion of the city.

Dr. Trowbridge, another early settler of Buffalo, found the place too slow, and accordingly moved to Fort Erie, on the Canadian shore of Niagara River. At the outbreak of the war of 1812 he recrossed the river. That "Tempora mutantur et nos cum illis," is well shown by an anecdote of one of the Governors-General of Canada. Some years ago, before Buffalo had developed into a great railroad and manufacturing centre, and was simply a prosperous town of the thirteenth rank in the cities of the country, he entered his new assignment by crossing the river to Fort Erie.

Looking on the beautiful city on the American shore, and then on the line of huts and cheap frame buildings of the hamlet of Fort Erie, separated by barely half a mile of water, the contrast moved him to profanity. Dr. Trowbridge was the first president of the Buffalo Medical and Surgical Association, which became the Surgical Section of the Academy of Medicine in 1892. He was also a prime mover in securing the passage of the free anatomy bill.

The society, in its early days, fined its absentees one dollar for each offense, and many bitter denunciations of this policy by members living at a distance are extant. At one of the meetings, the secretary was empowered to collect outstanding fines "peacefully if he can, forcibly if he must."

The record of the Erie County Society is an enviable one. Judges, mayors and holders of other offices of trust and honor, are among the early members. James P. White, one of the founders of the University of Buffalo in 1845, was the first to introduce clinical methods of teaching midwifery, and he was denounced for his "indecent" by the public press. Austin Flint, Hamilton, Dalton, and E. M. Moore, still living in Rochester, are among the famous members of this society. This society drafted the first bill for compulsory filing of vital statistics. Dr. Storck, a member still living, was largely influential in obtaining legislation against quacks, and the medical education law of New York was mainly due to the labors of Buffalonians.

Owing to a technicality, the legal status of the Erie County Society has never been satisfactorily established. The law of 1813 placed on a legal footing all county societies then in existence. Although the meetings of the original Niagara County Society were held in Buffalo from its organization in 1808, so that the present Erie County Society has really had a continuous existence of nearly ninety years, the separation of Erie County in 1821 removed the southern members from official standing. More recent State laws providing for the incorporation of newer county societies have not been complied with, as the age of the society did not suggest the necessity of such action.

After some debate, the President and Secretary were appointed a committee to employ necessary legal aid and secure the incorporation of the society.

There followed addresses on

Epochs in local medical history:

(a) Dr. Hauenstein—"First Uses of Chloroform and Ether in Buffalo."

(b) Dr. Samo—"Cholera Epidemics in Buffalo."

(c) Dr. Wyckoff—"Establishment and Early Days of the Medical Department of the University of Buffalo."

(d) Dr. Cronyn—"Establishment of Medical Department of Niagara University."

Dr. Samo is the oldest member of the society, having been in practice since 1840. He and Dr. Hauenstein both joined the society in 1844. It was not till three years later that chloroform was known to the physicians of Buffalo. Dr. Burwell, returning from the University of Pennsylvania at about this time, brought with him a practical knowledge of percussion and auscultation which were then

unknown in Western New York, except as a few individuals may have studied from the original publications of Laennec, and mastered the elements of physical diagnosis by themselves.

The following officers were elected: President, Justin G. Thompson, of Angola; Vice-President, Henry R. Hopkins, of Buffalo; Secretary, Franklin C. Gram, of Buffalo; Treasurer, Edward Clark, of Buffalo; Librarian, Wm. C. Callanan, of Buffalo.

LIBRARY TABLE.

TWENTIETH CENTURY PRACTICE. An International Encyclopedia of Modern Medical Science. By Leading Authorities of Europe and America. Edited by Thomas L. Stedman, M. D., New York City. In twenty volumes. Volume IV. Diseases of the Vascular System and Thyroid Gland. New York: William Wood & Company. 1895.

This volume includes the discussion of four principal topics. Diseases of the Heart and Pericardium, from the pen of James T. Whitaker, of Cincinnati; Diseases of the Blood-vessels, by A. Ernest Sansom, of London; Diseases of the Lymphatic Vessels, handled by Bertrand Dawson, also of London; and Diseases of the Thyroid Gland, by its chiefest exponent, George Murray, of Newcastle-on-Tyne.

All these subjects are of interest to the general practitioner, while the chapter upon thyroid diseases will prove of universal value to the physician, surgeon and specialist alike.

Dr. Murray embraces in his article Myxœdema, Cretinism, Exophthalmic Goitre, and Simple Goitre, as well as Inflammation and Neoplasms.

It was a wise choice on the part of the editor to select Dr. Murray to present the subject of Myxœdema, since we owe to him the introduction of the Thyroid treatment, which has simplified our notions greatly as to this disease, as well as its ally, Cretinism, or infantile Myxœdema, as it is termed by some observers.

As might be expected, the author elaborates fully the history and mode of application of the thyroid treatment, taking up in their order the successive steps by which this triumph in therapy has been reached. Several illustrations, reproduced from photographs, are in-

troduced into the text, which show in a striking manner the beneficial results of treatment. His style is easy, and the subject is presented in a masterly manner.

W. H. P.

In *Harper's Magazine* for February, R. Caton Woodville's striking picture, "Peasant Rebels," indicates the salient feature of Poultney Bigelow's story of "The German Struggle for Liberty," as the story of a People's War. "The New Baltimore" is contributed by Stephen Bonsal, Jr., who brings into bold relief the social aspects of life in one of the most attractive of cities. Numerous illustrations for the article, mainly from drawings by Harry Fenn, ably supplement the writer's vigorous description. Theodore Roosevelt tells the story of "St. Clair's Defeat," a century ago. The author has made a careful study of this disastrous campaign, availing himself of material not hitherto used, or which at least has not before received proper attention. The paper is illustrated by R. F. Zogbaum. Caspar W. Whitney's third paper of his series, "On Snow-Shoes to the Barren Grounds," describes a characteristic bison hunt, with illustrations from photographs and from drawings by Frederic Remington. "The Passing of the Fur-Seal," by Henry Loomis Nelson, illuminates the dark recesses of the intricate diplomacy relating to this subject. The paper is up to date, and makes a curious and remarkable story for American and English readers. The installment of the "Personal Recollections of Joan of Arc," with illustrations by F. V. Dumond, embraces the last campaign undertaken by the Maid, concluding with her capture by the

English at Compiègne. In fiction the number is very strong, presenting, in addition to the third part of William Black's new novel, "Briseis," illustrated by W. T. Smedley, a fine short story, entitled "A Mother in Israel," by the late H. H. Boyesen, and a humorous tale of "A Snipe-Hunt," by Mrs. M. E. M. Davis, with illustrations by A. B. Frost. A poem, entitled "Pæstum," by John Hay, illustrated by H. Siddons Mowbray, appears in the Number. The "Editor's Study," by Charles Dudley Warner, discusses some recent literature, aspects of present-day affairs typified in the bicycle and the trolley, and the artistic work of the late William W. Story. The "Editor's Drawer" contains a farce by John Kendrick Bangs, entitled "The Fatal Message," in which some familiar characters are introduced.

During the closing weeks of 1895 the daily papers have published an extraordinary amount of interesting and important news. It is worth something to the busy newspaper reader to have this mass of information taken up, arranged, digested and reviewed in a calm and intelligent manner. The *Review of Reviews* performs this service very efficiently every month. The number for January, 1896, is especially strong in this respect. The editorial department, called "The Progress of the World," is distinguished for its able handling of national and international topics of the hour. In fact, the *Review* occupies a unique position as a truly "international magazine." Its soundly "American" stand on the Venezuelan question is significant.

The complete novel in the February issue of Lippincott's is "Ground-swells," by the well-known writer, Mrs. Jeannette H. Walworth. It is a tale of rather unusual length (for the Magazine), readable, lively, and "up-to-date." The scene is in New York City, and the heroine is, or tries to be, a New Woman.

"Fifteen," by Marjorie Richardson, is the tale of a high-minded cash-boy, supposed to be told by one of his comrades in the dry-goods store.

Dr. Harvey B. Bashore gives an interesting epitome of the furthest researches of geology in a rapid sketch of "The First Days of the

World," "The Aerial Monasteries of Greece" are described by Charles Robinson.

James Knapp Reeve writes of "What Men Drink." E. S. F. gives some account of "Domestic Service on the Pacific Slope" and the difficulties thereof.

"The Child and his Fictions" is a pleasant and suggestive paper by Elizabeth Ferguson Seat. Frederic M. Bird points out certain "Paralyzers of Style," some of which are intended to have a precisely opposite effect, while some are the result of mere carelessness.

The poetry of the number is by Joseph Wharton, Charles G. D. Roberts, and Clinton Scollard.

No one ever thought of introducing so expensive a feature as lithographic color work in the days when the leading magazines sold for \$4.00 a year and thirty-five cents a copy. But times change, and the magazines change with them. It has remained for *The Cosmopolitan*, sold at one dollar a year, to put in an expensive lithographic plant capable of printing 320,000 pages per day (one color). The January issue presents as a frontispiece a water-color drawing by Eric Pape, illustrating the last story by Robert Louis Stevenson, which has probably never been excelled even in the pages of the finest dollar French periodicals. The cover of *The Cosmopolitan* is also changed, a drawing of page length by the famous Paris artist, Rossi, in lithographic colors on white paper takes the place of the mulla back with its red stripe. Hereafter the cover is to be a fresh surprise each month.

The Rush Monument Fund.

| RECEIVED : | |
|---|------------|
| Oct. 5, from Dr. J. W. Russell . . . | \$ 1 00 |
| Nov. 6, " Newark, N. J., Practitioners' Club, through Dr. J. D. Brumley . . . | 12 00 |
| Dec. 5, from Dr. J. B. Hamilton, Chicago . . . | 43 00 |
| Dec. 10, from Dr. J. L. Thompson, Indianapolis . . . | 5 00 |
| Dec. 14, from Dr. J. H. Kellogg, Battle Creek, Mich. . . | 5 00 |
| Dec. 19, from Rush Medical College, Chicago . . . | 100 00 |
| Dec. 20, Interest . . . | 25 00 |
| Previously Reported . . . | 3,357 39 |
| Total, . . . | \$3,548 39 |

GEO. H. ROHÉ,

Secretary and Treasurer Rush Monument Committee.
BALTIMORE, December 21st, 1895.

PERISCOPE.

OBSTETRICS.

Cæsarean Section after Death.

Hoffmann (*Centralbl. f. Gynäk.*, No. 50, 1895) was called in consultation last summer about a moribund patient, aged thirty-six, in the eighth month of her fourth pregnancy. She had previously been in good health. Over an hour before Hoffmann attended her sudden and violent eclampsia occurred, and deep coma followed. Morphine injections, inhalations of chloroform, and ice-bags to the head were tried. Hoffmann found the coma complete; an hour after his arrival the breathing ceased and the pulse rapidly disappeared; artificial respiration proved useless. Ten minutes after the last respiration Cæsarean section was undertaken. The incision into the uterus passed through placenta along its whole length. The uterine cavity was then laid open above the placental insertion, close to the fundus, and the fœtus delivered. It was a male, nearly fifteen inches long. For a few minutes it did not breathe, then respiration set in spontaneously, and it cried out. The child was fed with a spoon, but could only swallow a very little milk. It died when twenty-five hours old. Hoffmann agrees with von Winckel that it is a duty to do Cæsarean section under the above circumstances. Of thirty-two children thus delivered after the mother's death eleven lived over a fortnight. Considering that they must already have shown great resisting power and that after all they were saved, when without operation all the thirty-two would have been sacrificed, Hoffmann holds that similar attempts to save the fœtus in future will be more than justifiable.

Local Damage in Criminal Abortion.

Haberda (*Vierteljahrsschrift f. gerichtl. Medicin*, vol. xcv., 1895) finds that the damage to the soft parts inflicted in criminal attempts at abortion is usually quite characteristic. This is especially the case when undertaken by persons not instructed in anatomy or obstetrics. Even an experienced midwife or practitioner is apt to use force, as steps for legitimately inducing premature labor are slow and methodical, and hence likely to attract too much attention. Haberda finds that the damage to the cervix is usually a groove-shaped rent, whilst depressions are found in the uterus, which sometimes mark a complete perforation. But a long narrow canal running through the uterine wall is particularly characteristic, indicating, of course, perforation by a pointed instrument. Damage to the vagina is less common. The cervix is occasionally found torn off from its vaginal attachment to the posterior

fornix. In one such case a canal, clearly artificial, was found to lead from the torn point on the surface of the cervix to the internal os. In one case a perforating instrument had been thrust into the urethra and damaged the bladder, causing peritonitis. Another shows the blind violence often used in these criminal proceedings. Perforation of the anterior wall of the rectum, the vagina, bladder, and several coils of small intestine was detected.

Pregnancy in Girlhood.

Spitta (*Inaugural Dissert.*, Marburg, 1895) has reviewed the clinical history of 230 labors in primiparæ of eighteen and under, as observed at the Marburg Maternity. The general health during pregnancy is not worse than the average amongst pregnant women. Delivery before the fortieth week was relatively frequent. The pains are often weak, the labor tends to linger. In many cases of deficient capacity of the pelvis in these patients the defect simply implies that they are not full grown. The most frequent positive evil in relation to labor in early girlhood is laceration of the soft parts. Vertex presentations are relatively frequent. Floodings during labor are common. The mortality of the child during parturition and the first two weeks is not high. The proportion of male births increases with the age of the mother. The forceps is often required. Affections of the mammae are common. Mortality is by no means high. A history of menstruation coming on early is favorable in a case of pregnancy in a young subject.

Cystocele Excised by a Patient.

Katingkoff (*Vratch*, No. 39, 1895) states that a robust, healthy peasant woman bore her third child to term, and was delivered spontaneously. Two days later, during micturition, she felt something project from the vulva. Thinking that it was the afterbirth, she took a knife and cut it off. She said that the excised portion was a piece of flesh as big as a fist. No pain and but little bleeding followed. Next day the lochia, as she thought, came away freely, but she felt no desire to make water. It was soon found that there was absolute incontinence of urine. At the end of five days the patient was admitted into the hospital in pain, and feverish. There was diphtheritic inflammation of the uterus and vagina, and a vesico-vaginal fistula admitting a finger. A catheter was left in, and the vagina well washed out. At the end of nineteen days the fistula had closed spontaneously. The patient had cut away a prolapsed piece of the vesico-vaginal septum.

NEWS AND MISCELLANY.

OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF OFFICERS SERVING IN THE MEDICAL DEPARTMENT, U. S. ARMY, FROM JANUARY 5, 1896, TO JANUARY 18, 1896:

Leave of absence for two months, to take effect on or about January 21, 1896, with permission to go beyond sea, is granted Major Curtis E. Munn, surgeon, Benicia Barracks, California.

The appointment of James Sprigg Wilson, to be assistant surgeon with the rank of 1st lieutenant, to rank from December 16, 1895, is announced. He will report in person without delay to the president of the Army Medical School for instruction.

Leave of absence for six months, on account of disability, is granted Major Clarence Ewen, surgeon.

1st Lieutenant James M. Kennedy, assistant surgeon, is relieved from duty at Camp Merritt, Montana, to take effect upon the expiration of his present leave of absence, and ordered to Fort Missoula, Montana, for duty.

The leave of absence granted Captain James D. Glennan, assistant surgeon, is extended one month.

OFFICIAL LIST OF THE CHANGES OF STATION AND DUTIES OF MEDICAL OFFICERS OF THE U. S. MARINE HOSPITAL SERVICE FOR THE FIFTEEN DAYS ENDED JANUARY 15, 1896:

G. W. Stoner, surgeon, granted leave of absence for thirty days with pay, and not to exceed sixty days without pay, January 15, 1896.

W. J. Pettus, P. A. surgeon, granted leave of absence for thirty days January 2, 1896.

G. M. Magruder, P. A. surgeon, leave of absence extended nine days, January 2, 1896.

H. T. Goodwin, P. A. surgeon, granted leave of absence for sixty days, January 4, 1896.

A. C. Smith, P. A. surgeon, directed to investigate relative to small-pox in Mississippi and Crittenden counties, in Arkansas, January 14, 1896.

C. H. Gardner, assistant surgeon, ordered to examination for promotion, January 4, 1896. Granted leave of absence for thirty days, January 15, 1896.

J. A. Nydegger, assistant surgeon, ordered to examination for promotion, January 8, 1896.

H. W. Wickes, assistant surgeon, to proceed from New Orleans, La., to Memphis, Tenn., for temporary duty, January 14, 1896.

RESIGNATION.

H. T. Goodwin, P. A. surgeon, resignation accepted, to take effect March 5, 1896.

The University Clubhouse.

Houston Hall, for some time past in process of erection, was finished January 2d, and is well worth a visit to anyone who takes a pride in that magnificent institution, the University of Pennsylvania.

The cost of the building was \$150,000, \$100,000 of which was given the institution by Mr. Houston in memory of his son, Henry Howard Houston.

The building is situated on the college campus opposite the hospital, and fronts on Spruce Street. The structure presents a very imposing appearance.

Upon entering the building, one is first impressed by the immense square hallway, finished throughout in handsome quartered oak, flanked on either wall by immense antlered deer-heads, with a large moose-head over the front entrance. In the centre of the hall is the skin and head of what must have been the king of all grizzly bears.

The building throughout is furnished in hard wood, with polished floors covered with handsome rugs. To the right on the first floor is a large reading-room, supplied with reading matter of every kind, and the walls of which are hung with copies, in carbon print, enlarged bromide, and photogravures, of the paintings of Rembrandt, Durer, Raphael, etc. Back of the reading-room is a correspondence-room, furnished with the club paper. On the left, first floor, is the billiard and pool-rooms, containing six tables, finished in the same general style quartered oak but stained dark similar to the reading-room. The billiard-room is fitted up with all modern improvements, and is lighted by ground-glass electric burners, which give a subdued and pleasant light.

Back of the hall is an alcove furnished with checker and chess tables, which are free to all. Numerous busts, Hermes, Marietta Strozzi, etc., standing in alcoves upon opposite sides of the immense arches which separate the rooms help to furnish and enhance the general effect. A painting of Mr. Henry Howard Houston, Jr., executed by Cecilia Beaux and hanging in the main hallway, represents Mr. Houston as a young and very fair-looking man.

To the left on the second floor are the rooms of the Y. M. C. A. In the middle front portion is a small room furnished with glass cases in which are kept the class cups and college trophies. This is the Trophy-room.

To the right is the amphitheatre, the gem of the whole building. The style is Gothic, with two immense chandeliers furnished with ground-glass globes which, throwing their subdued light upon the inside of the building, produce an effect better appreciated by seeing than telling.

A large pipe organ is in course of erection in this hall.

On the third floor are the rooms of the various societies of the institution and college. Papers have their editorial sancti here. The papers issued at the college are *The Ben*

Franklin, Red and Blue, Pennsylvanian, and the *Courier*. They exchange with the prominent dailies and weeklies. The Penn Camera Club also has rooms on this floor.

In the basement, or strictly speaking, the first floor counting from the bottom, are to the left, a large room devoted to bowling and shuffle-boards, a gymnasium, and a swimming-tank. The latter 15x50 feet, and 12 feet deep; needle baths, shower baths, private baths, etc., are provided.

Houston Hall is managed under the supervision of the Houston Club, membership to which any student, alumnus, or instructor is eligible. Fee for membership, \$1.00 per year. The following charges are made incidentally to members: Pool, 3 cents per cue; billiards, 24 cents per hour; 6 cents a swim; 9 cents, swim, soap and towel; 6 cents game of bowling.

There is a news-stand in the building, upon which is to be found all daily and weekly papers, soft drinks, etc. No cards or alcohol are allowed in the building.

United States Weather Department posts weather reports in the outer corridor every day. The estimated running expenses will be \$10,000, part of which will be derived from the membership fees, etc., and the balance supplied by the University. It is expected in the near future, however, to have an endowment which will take care of the running expenses.

S. R.

Great indignation is felt at the forced resignation of the honored Chief-of-Staff of the Manhattan Hospital, now known as the J. Hood Wright Memorial Hospital, Dr. Louis J. Rodenstein. This resignation is due to the ill-advised action of the board of women managers, who control the affairs of the institution, and it is said to be the result of the extraordinary influence of the hospital matron. Dr. Rodenstein himself founded the Manhat-

tan Hospital and Dispensary, in a remote portion of the city where an institution of the kind was very much needed, more than thirty years ago, and ever since he has devoted his most earnest efforts and a great portion of his time to the advancement of its interests. In addition, he contributed \$12,000 towards the erection of the building, and each year since both he and his father-in-law, ex-Mayor Daniel F. Tiemann, have given liberally towards its maintenance. About thirty of the board of managers showed their disapproval of the action regarding Dr. Rodenstein by handing in their resignations.—*Boston Medical and Surgical Journal*.

Dr. John Shaw Billings, head of the Department of Hygiene in the University of Pennsylvania, has been selected by the Trustees of the New York Public Library as Superintendent-in-Chief of the consolidated libraries, consisting at present of the Lenox, Astor and the Tilden libraries. He has accepted the position, provided the Trustees of the University of Pennsylvania consented to his resignation from their institution; and it is understood that this consent has now been given, though perhaps not yet officially.

The Board of Charities and Corrections at a recent meeting received the resignation of Dr. E. La Rue Vansant, who has been a member of the medical staff of the Philadelphia Hospital for six years. There are four applicants for the vacancy, which will probably be filled at the next meeting of the Board.

The candidates for the appointment are Dr. Edwin E. Graham, who is a clinical professor in Jefferson Hospital and a former resident of the Hospital; Dr. M. H. Fussell, of Manayunk, and Drs. Albert A. Eshner and Alfred Stengel, registrars at the Hospital.